

	Project Group: IT Workgroup Leader								
	Goal: Vermont will have a Chronic Care Information System(CCIS) that supports statewide implementation of the Blueprint for both individual and population-based care management.								
	High Level Objectives								
		1) By 2010 the Vermont Health Record or a tool with equivalent functionality for proactive individual and population-based care management is operational in at least 75% of PCP's (G1.1)							
		2) By July 2006 policies and procedures will be in place which guarantee the security and privacy of individual health information, in alignment with Vermont Information Technology Leaders (VITL) (G1.2)							
		3) By July 2006 development and initial testing of the Vermont Health Record individual and population based reporting system will be completed (G1.3)							
		4) By July 2006 for Bennington and St. Johnsbury and by 2008 statewide the automated lab data feeds to the VHR will be operational. (G1.4)							
		5) By December 2006 tEHRe will be a link from the Healthier Living Workshop class participant data to the Vermont Health Record (G1.5)							
		7) Work with providers to create registry databases for future diseases, 2 - yr. 1, then 1 each year tEHReafter							
		8) Transition registry maintenance and ownership by July 1, 2007							
		5) Rollout registry to HSA's per Blueprint strategic plan							
	Prioritized Activities:								
		1. Create Registry Applications - diabetes/CVD and reporting capacity -populationa dn individual							
		2) Develop/provide paper format of registry encounter sheet to facilitate provider practice and data entry pending auto feeds							
		3. Support data feeds into registry application							
		4. Resolve privacy issues in regional network with VDH legal							
		5. Resolve governance and ownership issue inalignment with VITL							
		6. Implement CCIS on a regional basis per Plan							
		7. Develop plan for formal assessment and feedback							
		8. Implement plan for formal assessment and feedback							
	Objectives /Milestones	Activities	Who Responsible	Start Date	Due Date	Status	State Measures/Ou tputs	Pilot Measures/ Outputs	Notes

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	Develop Operational plan for Phase I of CCIS registry	Develop grant with VPQHC as partner in development of Registry (VHR) tool as part of Phase 1 of Blueprint IT strategy	Workgroup; VDH; VPQHC	Jan-05	Jun-05	Done	Registry developed and operational for Diabetes; business agreements in place per legal requirements.	Practice level Business Associate Agreements in place and practice access to web based registry	HEDIS and DOQIT (CMS) measures included for clinical best practice recommendations
G1.2		Address and resolve privacy and security issues in regional network (Phase I); as well as long term CCIS in alignment with VITL	VDH legal, Blueprint Exec Committee and VITL	Jul-05	Jun-06	in process	By July1, 2006 policies and process will be in place which ensure security and privacy and align with VITL ; interim measure of businesss associate agreements	Business Associate Agreements in place; additional policies and procedures when developed	Business Associate Agreements in place between VDH and VPQHC; VPQHC and providers in pilots; Need determination and consensus on long term approach
		Resolve governance and data ownership issues - regional and statewide for CCIS in partnership with VITL	VDH legal;VDH IT, Blueprint Exec Committee, VITL with IT workgroup leadership	Jul-05	Jul-06	in process	Resolve by 7/06, to align with VITL	Interim management structure for regional testing with VDH legal input	Coordinate with VITL

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G1.1		Collaborate with VPQHC to get Registry operational by beginning of last quarter 05	VPQHC and Blueprint ; pilot communitieis	Feb-05	Jul-06	done - beta testing	Development and Initial testing of the VHR individual and population based reporting will be completed by July 1, 2006	Pilot sites will be using individual and population based reporting for planned care beginning February 2006	Registry developed and being populated by pilots; testing of practice level report feature by 12/05; operational by 2/06
		Contracting for MD training on VHR and effective execution -microsystem assessment and recommendations	VDH contract with VPQHC; QIO support if EMR	Jul-05	Annually by HSA	MD ed in process on VHR	Develop agreements and schedules for education on VHR; office education on microsystems for IT integration - population reports and usage/planned care	Pilot site training completed by 6/2006 on VHR and microsystem changes	Contracts annually with vendors and HSAs for roll out requirements
		Facilitate contracting efforts for consultant services including technology and governance issues	Blueprint Exec; VDH legal; IT workgroup; VITL alignment	Jun-05	Jul-06	in process	Joint RFP with VITL for vendor service alignment/architecture	Joint RFP with VITL for vendor service alignment/architecture	Agreement between Blueprint and VITL; coordination of RFP/service requests; Coordinated legal review all in process

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	Develop Phase I: Stand-Alone Registry Pilot	Determine key data elements for tracking/registry	Director; VPQHC; provider workgroup	Jan-05	Apr-06	Done	Registry available to statewide provider participants by 2010	Registry operational in pilot communities by December 2005	Web based application in use; data entry manually until phase II operational; advanced reporting in development
G1.5		Collaborate with Self Management focus area to map and download Stanford participant data into registry by end of 2006	VPQHC; VDH - access data base share with VPQHC; IT workgroup re: process; MD group re: format	Oct. 05	Dec-06	in process	Healthier Living (Stanford) class participant data for referred diabetics will be linked with the Vt. Health Record by end of 2006	Pilots will have access to this data; document referrals into the VHR; run reports to assist in care management	Data required to evaluate the CCM concurrent implementation; as well as effectiveness of Stanford intervention on clinical outcomes
		Analyze CCIS requirements, architecture and potential system design/approaches and costs	FAHC grant for analysis/Mike Gagnon lead	Feb-05	Jul-05	Initial eval with FAHC Done	System design and approach for CCIS which aligns with VITL determined and operational	Agreement on approach; pilot HSA testing by 12/06	Basis for additional evaluation and decision making re: design analysis for system standards and architecture
		Obtain IT funding support for CCIS - phase II and III	Recommendations from IT to Exec Committee	Jan-05	annually until CCIS built	FY 06	CCIS operational statewide	Funding available to pilots for Phase I implementation efforts	Advise on Blueprint budget requirements for CCIS

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		Create registry application to manage 5 chronic diseases by 2010s	VDH grant to VPQHC with sub to Buttons; coordination with IT workgroup and MD workgroups	Feb-05	progressive	FY 06	By 2010 the VHR or a tool with equivalent functionality is operational in 75% or more PCP's - 5 conditions by 2010	75% of PCP's in pilot sites will use VHR or it's equivalent; start with Diabetes and add new condition annually	VHR expansion to include conditions selected by Blueprint
		Assess approach proposed/begin design of MPI for data feeds to registry	Contract with HLN consulting for design validation; additional contracts per results ; IT workgroup/project manager; collaboration with VITL	Jul-05	Feb. 06	pending HLN validation	Automated lab data feeds to registry tested in HSAs by 12/06; expand statewide by 2008	Lab feeds into registry operational by 12/06	Design Analysis contract with HLN for verification with report due 2-06
G1.4	Automated data feeds to the VHR operational for pilots; statewide by 2008 (Phase II)	Determine lab interfaces - CCIS to registry; CCIS to EMR to registry	IT Project Manager; IT workgroup with VITL collaboration	Feb-06	Dec-06	pending HLN validation	Automated lab data feeds to registry tested in HSAs by 12-06; expand statewide by 2008	Test lab data feeds by 12-06	Bi-state completing assessment of statewide PCPs IT capacity; Meditec interface complete for Bennington

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		Document required project plan for creating interface with each site	Mike Gagnon; IT project manager; vendor selected	Feb. 05	initial document complete 7-05; validation in process	pending HLN validation & vendor selection	Plan developed, approved and work initiated and tested for CCIS		Initial draft completed based on OCMS system use ; RFP with VITL input for validation; update pending HLN report and vendor agreement for implementation/timelines
	Aid in development of plan for non-computerized patient registry sheet	Draft and test initial paper copy (NCR) for manual data entry until automated data feeds operational	Jane Suder; Project mgrs for MD and IT groups			Done	N/A	Populate data base manually until automated data feeds	Work with provider practice group and project managers at pilot level
		Assure manual entry by pilots to populate VHR or EMR as indicated	pilot community project managers	Jul-05	Jul-06	in process	N/A	Pilots populating data base, data available for care management	NCR paper, data entry locally; EMR interfaces in St. J's tested
		Evaluate/cost out requirements for auto data feeds to registry	FAHC - Mike Gagnon report;HLN system validation report	Jul-05	Feb. 06	in process	Initial cost estimate for FAHCs OCMS system received; Consultant design validation and recommendations pending	Initial cost estimate for FAHCs OCMS system received; Consultant design validation and recommendations pending	Coordinate/align architectural infrastructure requirements with VITL

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	Registry enhancements	Grant with VPQHC for system enhancements requested by provider practice workgroup	Project Director and VPQHC; input from IT and MD workgroup on data elements	Oct-05	Jun-06	in process	System enhancements developed and operational state wide by 2008	System enhancement developed and operational at pilot level	flagging items that are overdue or abnormal, adding boxes for self management and community referrals
	Validation of CCIS design	Develop RFI for design analysis with VITL input	Director and IT workgroup leaders		Aug-05	done	RFI sent out		RFI developed with VITL input
		Develop and award RFP for design analysis with VITL collaboration	Director and IT workgroup leaders	Sep-05	Nov-05	done	RFP sent out - report due Feb 2005		RFP developed with VITL input; VITL part of selection committee
	Develop registry training and implementation plan for providers in each community	Practice site staff education and training on registry	Grant with VPQHC and communities for training	Jul-05	Jul-06	in process	At least 75% of practices are trained and using registry	At least 75% of practices are trained and using registry	Training in progress in pilots with over 1000 diabetics entered into the VHR
	Formal assessment and feedback on registry implementation and reports	Develop plan for formal assessment and feedback from users	VPQHC	Oct-05	Jul-06	develop with VPQHC	Questions developed for survey of users		VPQHC initial training in process; system support for users; tool for evaluation needed
	Develop plan to replicate throughout state	Identify tools needed	IT workgroup and Project lead				Tools are developed for replicating throughout state		Pending phase II completion